Arizona Department of Water Resources Water Management Support Section P.O. Box 458 • Phoenix, Arizona 85001-0458 (602) 771-8500 • (800) 352-8488 www.azwater.gov

Request to Change Well Information

- Review instructions prior to completing form in black or blue ink.
- You must include with your Notice:
- check or money order for any required fee(s)

 Authority for fee: A.A.C. R12-15-151(B)(4)(a), A.R.S. § 45-113(B)

FILE NUMBER	
WELL REGISTRATION NUMB	ГD
WELL REGISTRATION NUMB	EK
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SECTION 1. REGISTRY	INFORMATION						
Well Owner		Location of	Location of Well				
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION	WELL LOCATION ADDRESS (IF ANY)				
MAILING ADDRESS		TOWNSHIP (N/S) RAI	NGE (E/W) SECTION	160 ACRE 4	0 ACRE	10 ACRE	
				1/4	1/4		
CITY / STATE / ZIP CODE		LATITUDE o l	, I	LONGITUDE o	, 1	"	
			' "N Minutes Seconds		Minutes	Secon	
CONTACT PERSON NAME AND TITLE			TITUDE/LONGITUDE (C		*GPS: Ha		
		USGS Quad	☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS; Survey-Grad				
TELEPHONE NUMBER FAX		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
TELEFTIONE NOMBER		□ NAD-83 □	☐ NAD-83 ☐ Other (please specify): COUNTY ASSESSOR'S PARCEL ID NUMBER COUNTY WHERE WEI				
			— ISI			HERE WEI	
		BOOK	MAP	PARCEL .	0 200/1122		
Type of Request (CHECK C		Mall O a saal 's		- () A / - II I - (
Change of Well Drilling (Fill out Section 2)	g Contractor ☐ Change of Fill out Se	Well Ownership		of Well Inform , use, etc.) (F		otion 1	
(Fill Out Section 2)	(Fill Out Se	cuon 3)	(location	i, use, etc.) (r	iii out se	cuon 4)	
SECTION 2. REQUEST	TO CHANGE WELL DRILLIN	G CONTRACTOR ((\$10 Fee Require	ed)	\$	10 FEE	
	a well, the Department must rece		ssue authorization	to the new			
	commencement of well drilling or						
Current Well Drilling Contractor FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL			New Well Drilling Contractor FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL				
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAIVIE OF C	COMPAINT, ORGANIZA	ATION, OR INDIVID	OAL		
DWR LICENSE NUMBER		DWR LICENSE N	DWR LICENSE NUMBER ROC LICENSE CATEGORY			<i>(</i>	
TELEPHONE NUMBER FAX		TELEPHONE NUI	TELEPHONE NUMBER FAX				
SECTION 3. STATEMEN	IT OF CHANGE OF WELL OV	VNERSHIP (\$10 Fe	ee Required)		•	40 555	
	o more than one well and the nan			equired.		10 FEE	
Previous Well Owner		New Well O	· · · · · · · · · · · · · · · · · · ·				
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF C	FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL				
MAILING ADDRESS		MAILING ADDRE	.00				
MAILING ADDRESS		MAILING ADDRE	:55				
CITY / STATE / ZIP CODE		CITY / STATE / ZI	CITY / STATE / ZIP CODE				
CONTACT PERSON NAME AND TITLE		CONTACT PERS	CONTACT PERSON NAME AND TITLE				
TELEPHONE NUMBER	FAX	TELEPHONE NUI	MBFR	FAX			
	1,00						
	L						
SECTION 4. CHANGE O	F WELL INFORMATION (No	Fee Required)			N	IO FEE	
NOTE: Applies only to wells	that have already been drilled. For	or proposed wells, an	amended Notice	of Intent to Drill	a Well m	ust be fil	
EXPLAIN							
I HEREBY CERTIFY that th	e above statements are true to the	e best of my knowledg	ge and belief				
TYPE OR PRINT NAME AND TITL		SIGNATURE OF				DAT	